



FILM PRODUCTION TAX CREDIT LETTER OF INTENT (SECTION 135.750, RSMo)

THIS FORM MUST BE COMPLETED BY ALL TAXPAYERS PLANNING TO APPLY FOR THE FILM PRODUCTION TAX CREDIT. THIS FORM MUST BE APPROVED BY THE DEPARTMENT BEFORE THE TAXPAYER WILL BE ELIGIBLE TO APPLY FOR THESE TAX CREDITS.				
TAX PAYER	NAME OF FILM PRODUCTION COMPANY		TELEPHONE NUMBER	FEDERAL TAX I.D. NO.
	ADDRESS (STREET/PO BOX)		FAX NUMBER	MTS/MISSOURI TAX I.D. NO.
	CITY	STATE	ZIP CODE	NAICS CODE
	1. NAME OF PERSON COMPLETING APPLICATION		TELEPHONE NUMBER	TAXPAYER TYPE <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other
	ADDRESS OF PERSON COMPLETING APPLICATION (STREET, P.O. BOX, CITY, STATE, ZIP CODE)		FAX NUMBER	
HEAD-QUARTERS AND MISSOURI OFFICE(S)	2. ADDRESS (PO BOX) (if different from taxpayer above)	CITY	STATE	ZIP CODE
	3. ADDRESS (PO BOX) (if different from taxpayer above)	CITY	STATE	ZIP CODE
4. BUSINESS SIZE <input type="checkbox"/> \$0-\$250,000 <input type="checkbox"/> \$250,000-\$500,000 <input type="checkbox"/> \$500,000-\$1M <input type="checkbox"/> \$1M-\$5M <input type="checkbox"/> \$5M-\$10M <input type="checkbox"/> \$10M & OVER				
5A. NUMBER OF CURRENT EMPLOYEES IN MISSOURI.		5B. PROJECTED NUMBER OF MISSOURI EMPLOYEES DURING THE PROJECT.		
6. IS ANY OTHER STATE OR FEDERAL PROGRAM BEING APPLIED FOR OR UTILIZED FOR THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE LIST THE STATE OR FEDERAL PROGRAMS BEING APPLIED FOR OR UTILIZED)				
7. CHECK ONE OF THE FOLLOWING WHICH DESCRIBES THIS PROJECT'S TYPE OF PRODUCTION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Theatrical release feature film <input type="checkbox"/> Cable TV film <input type="checkbox"/> Cable TV series <input type="checkbox"/> Cable TV mini-series </div> <div> <input type="checkbox"/> Broadcast network TV Movie of the Week <input type="checkbox"/> Broadcast network TV series <input type="checkbox"/> Broadcast network TV mini-series <input type="checkbox"/> Broadcast network TV pilot </div> <div> <input type="checkbox"/> TV Commercial <input type="checkbox"/> Documentary film </div> </div>				
PROJECT TITLE				
8. LIST THE FULL NAMES OF THE KEY PERSONNEL ASSOCIATED WITH THIS PRODUCTION PROJECT:				
DIRECTOR		PRODUCTION COORDINATOR		
EXECUTIVE PRODUCER		LOCATION MANAGER		
PRODUCER(S)		PRINCIPAL ACTORS/ACTRESSES		
UNIT PRODUCTION MANAGER				
DIRECTOR OF PHOTOGRAPHY				
PRODUCTION DESIGNER/ART DIRECTOR				
9. HAS FINANCING BEEN COMPLETED FOR THIS PRODUCTION PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
10. HAS FINANCING BEEN AUTHORIZED ("GIVEN THE GREEN LIGHT") BY THE ENTITY FINANCING THIS PRODUCTION PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
11. ENTER THE DATE THE PRODUCTION OFFICE IS EXPECTED TO BE OPERATING IN MISSOURI (MONTH/YEAR)				
12. ENTER THE DATE OF THE FIRST DAY OF PRINCIPAL PHOTOGRAPHY TO OCCUR IN MISSOURI (MONTH/YEAR)			13. ESTIMATED # OF DAYS OF PRINCIPAL PHOTOGRAPHY IN MO.	
14. WILL YOU MAKE THIS PRODUCTION AVAILABLE FOR A MISSOURI PREMIERE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

15. LIST YOUR "BELOW THE LINE BUDGET" EXPENSES EXPECTED FOR THIS MISSOURI PROJECT. **INCLUDE ONLY YOUR ESTIMATED COSTS FOR IN-STATE EXPENDITURES, I.E. RENTAL/PURCHASE OF MISSOURI EQUIPMENT, MATERIALS, PRODUCTS AND SERVICES, INCLUDING, BUT NOT LIMITED TO, MISSOURI LODGING, MISSOURI FOOD, AND MISSOURI LABOR (MUST BE SALARIES/WAGES PAID TO MISSOURI RESIDENTS ONLY).**

PROJECT ITEM	COST	PROJECT ITEM	COST
Missouri Labor Wages/Salaries	\$	Missouri Food/Restaurant Expenses	\$
Missouri Lodging Expenses	\$	Missouri Equipment Rental/Purchase	\$
Missouri Building(s) Rental	\$	Missouri Location Fees	\$
Missouri Contracted Services (Casting, Security, etc.: itemize separately)	\$	Missouri Materials Rental/Purchase (Set Construction, Wardrobe, etc.)	\$
OTHER PROJECT ITEMS	COST	OTHER PROJECT ITEMS	COST
List below (attach separate sheet(s) if necessary):		List below (attach separate sheet(s) if necessary):	
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
TOTAL ESTIMATED MISSOURI PROJECT EXPENDITURES			\$
TOTAL ESTIMATED PROJECT BUDGET			\$

- I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.
- I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Film Production Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).
- I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

MUST BE SIGNED IN THE PRESENCE
OF A NOTARY

PREPARER'S SIGNATURE

DATE

NOTARY EMBOSSEER SEAL

STATE

COUNTY

MY COMMISSION EXPIRES:

On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.

NOTARY PUBLIC SIGNATURE

NOTARY RUBBER STAMP

**MAIL ALL APPLICATIONS AND ALL RELATED INQUIRIES TO: MO. DEPT. ECONOMIC DEVELOPMENT, BUSINESS FINANCE,
301 W. HIGH ST. ROOM 720, PO BOX 118, JEFFERSON CITY, MO 65102.**

NOTICE TO THE TAXPAYER: THE APPROVAL OF THIS LETTER OF INTENT ESTABLISHES THE TAXPAYER'S ELIGIBILITY TO APPLY FOR THESE TAX CREDITS PURSUANT TO SECTION 135.750, RSMo. THIS APPROVAL DOES NOT QUALIFY THE TAXPAYER FOR THE FILM PRODUCTION TAX CREDITS.

DEPARTMENT USE ONLY

<input type="checkbox"/> APPROVED:	Up to \$ _____ in Missouri income or corporate franchise tax credits may be issued subject to verification of this project's actual Missouri production expenses and Missouri economic benefit. This approval is in effect until _____ (month/day/year) and may be renewed in 30-day intervals subject to the Department of Economic Development and Missouri Film Commission's approval.	
	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE
<input type="checkbox"/> APPROVAL RENEWED:	Up to \$ _____ in Missouri income or corporate franchise tax credits may be issued subject to verification of this project's actual Missouri production expenses and Missouri economic benefit. This approval is in effect until _____ (month/day/year) and may be renewed in 30-day intervals subject to the Department of Economic Development and Missouri Film Commission's approval.	
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	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE
<input type="checkbox"/> DENIED	DATE	DEPARTMENT OF ECONOMIC DEVELOPMENT DESIGNEE
	DATE	MISSOURI FILM COMMISSION DESIGNEE